

**MDR Tracking Number: M5-04-2618-01**

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on April 19, 2004.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The Hydrocodone/APAP was found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed service.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 01-04-04 through 03-27-04 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 9<sup>th</sup> day of August 2004.

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division

PR/pr

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## NOTICE OF INDEPENDENT REVIEW DECISION

July 21, 2004

**Re: IRO Case # M5-04-2618**

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Orthopedic Surgery, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

### Medical Information Reviewed

1. Table of disputed service 12/30/02 – 10/13/03
2. Explanation of benefits
3. Peer reviews 2/20/04, 3/16/04
4. Family medical treatment records
5. Medical center records
6. TWCC-69s and medical evaluations
7. TWCC-73s
8. Prescription
9. X-ray report 5/6/00
10. Pain management records

### History

The patient is a 47-year-old female who slipped and fell over a hose, landed on both knees, and broke the fall with her left upper extremity. She was taken to the ER with complaints of shoulder pain and bilateral knee pain. She was diagnosed with a fracture of the greater tuberosity of the left proximal humerus and patellar contusions. On 3/8/01 she underwent rotator cuff repair and acromioplasty. The patient developed a chronic pain syndrome with chronic left shoulder pain and chronic bilateral knee pain. She was given Celebrex and Lortab at times.

Requested Service(s)

Hydrocodone/APAP 1/4/04 – 3/27/04

Decision

I disagree with the carrier's decision to deny the requested medication.

Rationale

A 2/20/04 peer review recommended a weaning off of Lortab over a period of 8 – 12 weeks, which would be sometime in May 2004. Based on the medical records reviewed, that weaning period would be reasonable and appropriate, and the patient should be weaned off narcotic medication. Because of the patient's chronic pain syndrome, however, the requested medication was indicated during the period in dispute – which was January through March 2004.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

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